C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

1.4.3.a C-A Permanent Procedure Tracking Form for New or Revised Procedures

C-A-OPM Procedures in which this Attachment is used.		
1.4.3		

Hand Processed Changes

HPC No.	Date	Page Nos.	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved: _____*Signature on File*_____ _____
Collider-Accelerator Department Chairman   Date

D. Passarello

C-A Permanent Procedure Tracking Form for New or Revised Procedures

C-A-OPM # _____   New_____   Revised_____   Revision No. _____

Procedure Title: _____

Safety Category: A (yellow)_____ B (white)_____

Procedure Revision is result of Hand Processed Change,   Yes or No _____ IF YES, HPC #_____

This Procedure was a Temporary Procedure,   Yes or No _____ IF YES, TP # _____

Author(s)/Preparer(s)/Initiator(s): _____

Reason for Revision:_____

Safety Committee Review	Check if Required	Division Technical Review	Check if Required
ALARA		Accelerator	
Accelerator Safety		Experimental Support & Facilities	
Experimental Safety			
Radiation Safety			
Safety Inspection			
Tandem Advisory Committee			

Cover Page or Procedure Must be Signed by (check one):
C-A Chair _____
Accelerator Division Head _____
EP&S Division Head _____
Signature Associate Chair for ESHQ: _____   Date: _____

Review Committee Chair or Designee
Name: _____

Signature: _____   Date: _____

Division Reviewer Name:_____

Signature: _____   Date: _____

Author Signature: _____   Date: _____

QA Signature: _____   Date: _____

Training Requirements:_____
_____
_____
_____
Training Manager or ESHQ Division Head Signature: _____   Date: _____

Training Completed: (Yes, No or N/A) _____   Date: _____
Training and Procedures Manager Signature: _____   Date: _____
Table of Contents Revised, Yes or No _____   If HPC Involved, Cancel HPC   _____
Procedure Distributed to OPM Controlled Copy Holders: Memo Dated:_____

Procedure Coordinator Signature: _____   Date: _____